

Michigan Dept. of Community Health EMS and Trauma Systems Section 201 Townsend Street Lansing, Michigan 48913	MDCH USE ONLY	
	Received by Regional Coordinator: Date _____	
	Returned for Correction(s): _____	
	Corrections Received: _____	
	Date of Final Review: _____	
	Regional Coordinator Signature: _____	
Approval #: _____ Region: _____		

NOTIFICATION OF INTENT TO PROVIDE CONTINUING EDUCATION Within an Initial Education Course

For use by an approved Initial EMS Education Program Sponsor to offer CE credits during an Initial Education Program.

This notification must be received by the Regional Coordinator at least 30 days prior to the start of the first class.

An original document must be mailed to the Regional Coordinator of the region where the class will be held. Failure to complete and submit this form as prescribed may result in an automatic disapproval. The Regional Coordinator will review your program and either return it for deficiencies or approve and forward it to MDCH.

The responsible IC must provide proof of attendance to each individual and maintain on file, a roster of those individuals who attended each CE session. **For further information, refer to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs"**

Program Sponsor		Program Approval #		Expiration Date	
Program Location			Room #		
Street Address					
City	State	Zip	County		

Program Course Coordinator:

Name		Phone #		Phone #	
Street Address				I/C#	
City	State	Zip	County		

Level of Course:	MFR ____	EMT ____	EMT-Specialist ____	Paramedic ____	I/C ____
Course Starting Date:	_____				
Course Ending Date:	_____				
Are the Classes open to outside students: YES: _____ NO: _____ (If yes, classes will be listed on SWM website CE calendar)					

Notification of cancellations or changes must be provided to the Regional Coordinator prior to their occurrence (if possible). A revised schedule must be forwarded to the Regional Coordinator.

I affirm that all the information submitted in this notification is true and that all presentations will comply with MDCH requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDCH.

Signature of Course Coordinator (I/C) _____ Date _____

Along with this application, you must attach the following for each class (each date)

- a. Sample certificate of attendance
- b. Evaluation tools to be used (student evaluation of course content and presenter)

Practical means: supervised or critiqued hands-on practice or simulation achieving identified psychomotor objectives.

Category Code	Categories	Category Code	Categories	Category Code	Instructor/Coordinator Categories
1	Preparatory	5	Medical	10	Instructional Techniques
2	Airway Management and Ventilation	6	Special Considerations	11	Measurement and Evaluation
3	Patient Assessment	7	Operations	12	Educational Administration
4	Trauma				

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits				
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
Sample	4	Spinal Injury/Backboarding	1/1/05	1-4p	Room 101 Lake Community College 123 Main St. Anywhere, MI	Lecture	1	1	1	1	1	0
						Practical (Hands-on or Skill)	2	2	2	2	2	0
1						Lecture						
						Practical (Hands-on or Skill)						
2						Lecture						
						Practical (Hands-on or Skill)						
3						Lecture						
						Practical (Hands-on or Skill)						
4						Lecture						
						Practical (Hands-on or Skill)						
5						Lecture						
						Practical (Hands-on or Skill)						
6						Lecture						
						Practical (Hands-on or Skill)						

For additional classes complete another form 202a.

* Refer to Conversion Document for topics under each category.

Who should be listed in CE calendar to be contacted for questions about these classes (if other than IC listed on page one):

Name: _____ Contact Phone: _____

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits				
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
7						Lecture						
						Practical (Hands-on or Skill)						
8						Lecture						
						Practical (Hands-on or Skill)						
9						Lecture						
						Practical (Hands-on or Skill)						
10						Lecture						
						Practical (Hands-on or Skill)						
11						Lecture						
						Practical (Hands-on or Skill)						
12						Lecture						
						Practical (Hands-on or Skill)						
13						Lecture						
						Practical (Hands-on or Skill)						
14						Lecture						
						Practical (Hands-on or Skill)						
15						Lecture						
						Practical (Hands-on or Skill)						
16						Lecture						
						Practical (Hands-on or Skill)						
17						Lecture						
						Practical (Hands-on or Skill)						
18						Lecture						
						Practical (Hands-on or Skill)						

Line	Cat. Code	Specific Topic Title*	Date	Time	Specific Location	Course Format	Number Hours	Number of Credits				
						Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
19						Lecture						
						Practical (Hands-on or Skill)						
20						Lecture						
						Practical (Hands-on or Skill)						
21						Lecture						
						Practical (Hands-on or Skill)						
22						Lecture						
						Practical (Hands-on or Skill)						
23						Lecture						
						Practical (Hands-on or Skill)						
24						Lecture						
						Practical (Hands-on or Skill)						
25						Lecture						
						Practical (Hands-on or Skill)						
26						Lecture						
						Practical (Hands-on or Skill)						
27						Lecture						
						Practical (Hands-on or Skill)						
28						Lecture						
						Practical (Hands-on or Skill)						
29						Lecture						
						Practical (Hands-on or Skill)						
30						Lecture						
						Practical (Hands-on or Skill)						